MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/049666

FILING DATE

APPLICANT(S)

Date: 2/18/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
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27							77								
28							78								
29							79								
30							80								
31							81								
32	1						82								
33							83								
34		1					84								
35		1					85								
36		1					86								
37		2					87								
38		2					88								
39	1						89								
40		1					90								
41		1					91								
42		1					92								
43		2					93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	12						TOTAL DEP.								
TOTAL CLAIMS	14						TOTAL CLAIMS								

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS